

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	67607	1/29/00
O.I.P.E. CLASSIFIER		21	2/3/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1/29/00
2	8/7/01
3	5/1/02
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Claim	Date
Final	
Original	
51	5/1/02
52	2/28/03
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Claim	Date
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Original	
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If more than 150 claims or 10 actions  
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